



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH
Fort Monmouth, New Jersey 07703-5101



REPLY TO
ATTENTION OF

S: 2 June 2003

SELFM-SO

15 May 2003

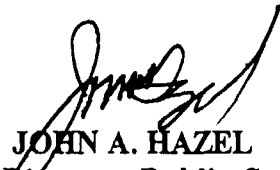
MEMORANDUM THRU Mr. Glen Perlakowski, Director, Directorate for
Morale, Welfare and Recreation

TO Mrs. Maritza Rivera, Tickets N' Tours Office

SUBJECT: Annual Safety Survey and Program Evaluation

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. Ms. Gail Paustian, OSHA Management Office (OMO), completed the Annual Safety Inspection of Tickets N' Tours Office.
3. Deficiencies noted during the walk through inspection are enclosed. Request Part II, corrective action taken or proposed be completed and returned to this office by 2 June 2003.
4. The POC for this action is Gail Paustian, X20083.

Encl


JOHN A. HAZEL
Director, Public Safety

SELF-107-10643

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|-----------|---------------------------|----------------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 1010 |
| OFFICE SYMBOL: | SELFM-MWR | ROOM NUMBER: | |
| INSPECTION TYPE: | Annual | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 15 May 03 | STANDARD VIOLATED: | 1910.22 |
| INSPECTOR ID: | GP | RAC CODE: | 2C3 |
| DESCRIPTION OF DEFICIENCIES: | | | |
| There are 3 outlet stanchions located in the aisle next to Maritza's desk which are a tripping hazard. | | | |
| RECOMMENDED CORRECTIVE ACTION: | | | |
| Submit service order to have electrical stanchions removed. | | | |
| INSPECTOR'S SIGNATURE: Gail Paustian <i>Gail Paustian</i> | | | DATE 15 May 2003 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|--------------------------------|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: | | | |
| | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | | |
| TITLE (PRINT): | | | |
| SIGNATURE/DATE: | | | |

RETURN TO OSHA MANAGEMENT OFFICE, SELFM-SO/X20083/FAX 22511

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|-----------|---------------------------|----------------------------|
| VIOLATION NUMBER: | 002 | BUILDING NUMBER: | 1010 |
| OFFICE SYMBOL: | SELFM-MWR | ROOM NUMBER: | Rest Rooms |
| INSPECTION TYPE: | Annual | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 15 May 03 | STANDARD VIOLATED: | 1910.305 |
| INSPECTOR ID: | GP | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: There is an electrical outlet next to light switch in Ladies and Mens room. Outlet is not equipped with GFCI. Occupants of bldg said the electrical are not used. | | | |
| RECOMMENDED CORRECTIVE ACTION: Recommend instead of equipping outlets with GFCI replace cover so that it covers the outlet. | | | |
| INSPECTOR'S SIGNATURE: Gail Paustian <i>Gail Paustian</i> | | | DATE 15 May 2003 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|--------------------------------|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: | | | |
| | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | | |
| TITLE (PRINT): | | | |
| SIGNATURE/DATE: | | | |

RETURN TO OSHA MANAGEMENT OFFICE, SELF-M-SO/X20083/FAX 22511

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|-----------|---------------------------|----------------------------|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 1010 |
| OFFICE SYMBOL: | SELFM-MWR | ROOM NUMBER: | Vault |
| INSPECTION TYPE: | Annual | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 14 May 03 | STANDARD VIOLATED: | AR 608-10 |
| INSPECTOR ID: | GP | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Cover missing from where telephone lines were disconnected. | | | |
| RECOMMENDED CORRECTIVE ACTION: Submit service order to have cover replaced. | | | |
| INSPECTOR'S SIGNATURE: Gail Paustian <i>Gail Paustian</i> | | | DATE 15 May 2003 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|--------------------------------|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | | |
| TITLE (PRINT): | | | |
| SIGNATURE/DATE: | | | |

RETURN TO OSHA MANAGEMENT OFFICE, SELFM-SO/X20083/FAX 22511



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY GARRISON FORT MONMOUTH
Fort Monmouth, New Jersey 07703-5101



S: 15 August 2003

SELF-M-SO

17 July 2003

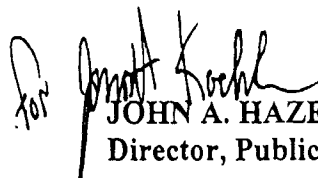
MEMORANDUM THRU Mr. Glen Perlakowski, Director, Directorate for Morale,
Welfare and Recreation

TO Mr. Joe Himmelreich, Manager, Bowling Center

SUBJECT: Annual Safety Survey and Program Evaluation

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. Ms. Gail Paustian, OSHA Management Office (OMO), completed the Annual Safety Inspection of the Bowling Center.
3. Deficiencies noted during the walk through inspection are enclosed. Request Part II, corrective action taken or proposed be completed and returned to this office by 15 August 2003.
4. The POC for this action is Gail Paustian, X20083.

Encl

for 
JOHN A. HAZEL
Director, Public Safety

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|----------------|--------------------|--------------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BA-B | ROOM NUMBER: | Eating Area by Snack Bar |
| INSPECTION TYPE: | Annual | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 15 Jul 03 | STANDARD VIOLATED: | 1910.305 (b) |
| INSPECTOR ID: | GP | RAC CODE: | 2C3 |
| DESCRIPTION OF DEFICIENCIES: Unused opening in circuit breaker box located behind white doors. | | | |
| RECOMMENDED CORRECTIVE ACTION: Unused openings in cabinets shall be effectively closed. Submit service order to have cover placed over the opening. | | | |
| INSPECTOR'S SIGNATURE: Gail Paustian <i>Gail Paustian</i> | | | DATE 17 July 2003 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|-------------------------|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: | | | |
| | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | | |
| TITLE (PRINT): | | | |
| SIGNATURE/DATE: | | | |

RETURN TO OSHA MANAGEMENT OFFICE, SELFM-SO/X20083/FAX 22511

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|----------------|--------------------|---------------------|
| VIOLATION NUMBER: | 002 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BA-B | ROOM NUMBER: | Janitors Room |
| INSPECTION TYPE: | Annual | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 15 July 03 | STANDARD VIOLATED: | NEC 210 |
| INSPECTOR ID: | GP | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Two outlets located in Janitors Room in close proximity to sink are not equipped with Ground fault circuit interrupter (GFCI). | | | |
| RECOMMENDED CORRECTIVE ACTION: Submit service order to have outlets protected with ground fault circuit interrupter (GFCI) | | | |
| INSPECTOR'S SIGNATURE: Gail Paustian <i>Gail Paustian</i> | | | DATE 17 May 2003 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|-------------------------|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | | |
| TITLE (PRINT): | | | |
| SIGNATURE/DATE: | | | |

RETURN TO OSHA MANAGEMENT OFFICE, SELFM-SO/X20083/FAX 22511

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|----------------|--------------------|--|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BA-B | ROOM NUMBER: | Back of Bowling Center near mechanics room |
| INSPECTION TYPE: | Annual | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 15 July 03 | STANDARD VIOLATED: | 1910.212 |
| INSPECTOR ID: | GP | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Air compressor does not have guard around rotating belt. | | | |
| RECOMMENDED CORRECTIVE ACTION: Submit service order to fabricate and install guard around exposed belt on air compressor. | | | |
| INSPECTOR'S SIGNATURE: Gail Paustian <i>Gail A Paustian</i> | | | DATE 17 July 2003 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|-------------------------|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: | | | |
| | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | | |
| TITLE (PRINT): | | | |
| SIGNATURE/DATE: | | | |

RETURN TO OSHA MANAGEMENT OFFICE, SELFM-SO/X20083/FAX 22511



DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Garrison Fort Monmouth
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO
ATTENTION OF

S: 19 October 2001

SELF-M-SO

17 September 2001

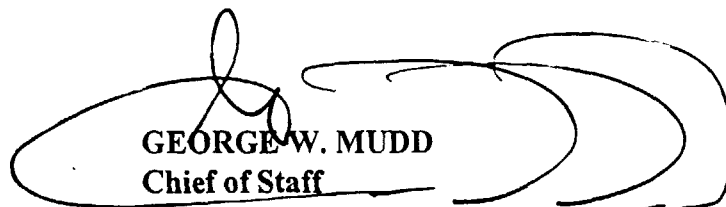
**MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for
Morale, Welfare, and Recreation**

SUBJECT: Safety Inspection

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl


GEORGE W. MUDD
Chief of Staff

SAC/PFC

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|---------------------|---|--------------------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 114 |
| OFFICE SYMBOL: | SELFM-MWR-PF | ROOM NUMBER: ISSUING ROOM: KITCHEN | Physical Fitness Center |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.106(e)(a)(iii) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Flammable cans are located under the kitchen counter directly beside stove



RECOMMENDED CORRECTIVE ACTION:

The storage cabinet already in area designated for flammable material. Place additional cans in the area also.

INSPECTOR'S SIGNATURE:

Mary O'Neil

DATE:

20 Aug 2001

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Moved flammable material to storage cabinet in area designated for flammable material

ESTIMATED COMPLETION

DATE: *10/4/01*

ACTUAL COMPLETION

DATE: *10/4/01*

ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN

BY:

NAME (PRINT):

Thomas Tarlton

TITLE (PRINT):

Facility Spec

SIGNATURE/DATE:

Thomas Tarlton

RETURN TO GARRISON SAFETY OFFICE, SET FM-SO/X2008.3/FAX 22511

INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------|--|-------------------------|
| VIOLATION NUMBER: | 002 | BUILDING NUMBER: | 114 |
| OFFICE SYMBOL: | SELFM-MWR-PF | ROOM NUMBER: ISSUING ROOM: ADMIN OFFICE | Physical Fitness Center |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.211 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Shedder machine warning sign is omitted.

RECOMMENDED CORRECTIVE ACTION:

Warning machine is needed to prevent injuries while using machine

INSPECTOR'S SIGNATURE:
DATE:

20 Aug 2001

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Sign put on Shedder machine.

ESTIMATED COMPLETION

DATE: 10/4/01

ACTUAL COMPLETION

DATE: 10/4/01

ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN

BY: *Robert*

NAME (PRINT):

Thomas Tarlton

TITLE (PRINT):

Facility Spec

SIGNATURE/DATE:

Thomas Tarlton

RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------------|--|--------------------------------|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 114 |
| OFFICE SYMBOL: | SELF-MWR-PF | ROOM NUMBER: ISSUING ROOM: KITCHEN AREA | Physical Fitness Center |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.155 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Portable heater (toastmaster automatic heater) located in kitchen area.

RECOMMENDED CORRECTIVE ACTION:

Customer left this item at PFC and this item is not approved for usage on post. This needs to be disposed of.

INSPECTOR'S SIGNATURE:

Michael W. Warr

DATE:

20 Aug 2001

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Portable heater has been removed from facility.

ESTIMATED COMPLETION

DATE: *10/4/01*

ACTUAL COMPLETION

DATE: *10/4/01*

ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN BY:

NAME (PRINT):

Thomas Tarlton

TITLE (PRINT):

Facility Spec

SIGNATURE/DATE:

(Thomas Tarlton)

RETURN TO GARRISON SAFETY OFFICE, SELF-MWR/20083/FAX 22511

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------------|--|--------------------------------|
| VIOLATION NUMBER: | 004 | BUILDING NUMBER: | 114 |
| OFFICE SYMBOL: | SELF-MWR-PF | ROOM NUMBER: ISSUING ROOM: AEROBIC ROOM | Physical Fitness Center |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.37(K)(2) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Bicycle is located directly in front of door that used as exit for emergency



RECOMMENDED CORRECTIVE ACTION:

Means of egress has to be clear for personnel to exit if deemed necessary. Bicycle needs to be removed.

INSPECTOR'S SIGNATURE:

M. W. G. P.

DATE:

20 Aug 2001

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Bicycle has been moved away from exit door.

ESTIMATED COMPLETION DATE: *10/4/01*

ACTUAL COMPLETION DATE: *10/4/01*

ABATEMENT PLAN SEE FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN BY:

NAME (PRINT):

Thomas Tarlton

TITLE (PRINT):

Facility Spec.

SIGNATURE/DATE:

Thomas Tarlton

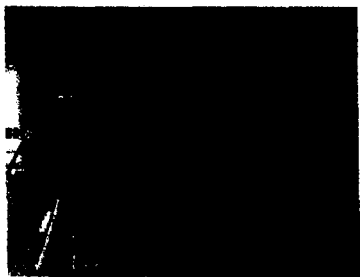
RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/N 2008.3/FAX 22511

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------|--|-------------------------|
| VIOLATION NUMBER: | 005 | BUILDING NUMBER: | 114 |
| OFFICE SYMBOL: | SELFM-MWR-PF | ROOM NUMBER: ISSUING ROOM: AEROBIC ROOM | Physical Fitness Center |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.37(q)(6) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Exit light located near exit door not illuminating

RECOMMENDED CORRECTIVE ACTION:



Work order needs to be put in to have bulb replaced.

| | |
|---|------------------------------------|
| INSPECTOR'S SIGNATURE: <i>W. J. W. W.</i> | DATE: <i>20 Aug 2001</i> |
|---|------------------------------------|

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Work order placed to put new bulbs in.
 Work order # 02-10327 Placed on 10/4/01

| | |
|--|--------------------------------|
| ESTIMATED COMPLETION DATE: <i>10/6/01</i> | ACTUAL COMPLETION DATE: |
|--|--------------------------------|

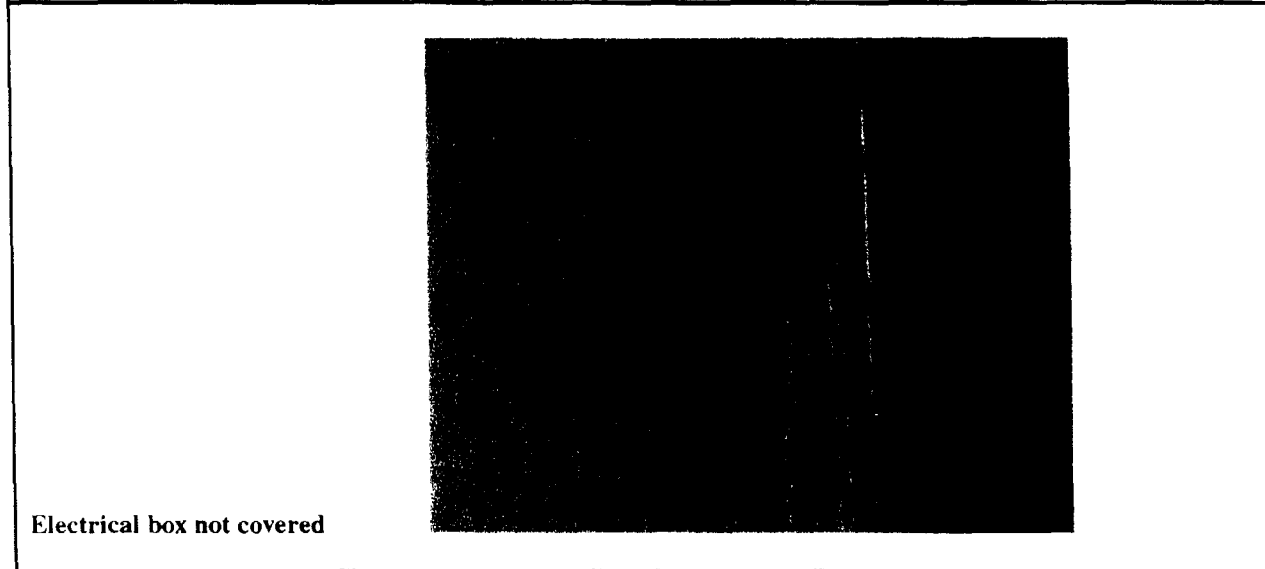
ABATEMENT PLAN SEE FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

| | |
|------------------------------------|-----------------------|
| CORRECTIVE ACTION TAKEN BY: | |
| NAME (PRINT): | <i>Thomas Tarlton</i> |
| TITLE (PRINT): | <i>Facility Spec</i> |
| SIGNATURE/DATE: | <i>[Signature]</i> |

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/1 AN 22511

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------|-----------------------------------|--|
| VIOLATION NUMBER: | 006 | BUILDING NUMBER: | 114 |
| OFFICE SYMBOL: | SELFM-MWR-PF | ROOM NUMBER: ISSUING ROOM: | Physical Fitness Center weight room |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.305 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |



Electrical box not covered

RECOMMENDED CORRECTIVE ACTION:

All electrical wires are not to be exposed. Covering is needed.

| | | | |
|-------------------------------|---------------------|--------------|--------------------|
| INSPECTOR'S SIGNATURE: | <i>Mary M. West</i> | DATE: | <i>20 Aug 2001</i> |
|-------------------------------|---------------------|--------------|--------------------|

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:
Electrical box was been covered.

| | | | |
|-----------------------------------|----------------|--------------------------------|----------------|
| ESTIMATED COMPLETION DATE: | <i>10/6/01</i> | ACTUAL COMPLETION DATE: | <i>10/6/01</i> |
|-----------------------------------|----------------|--------------------------------|----------------|

ABATEMENT PLAN SEE FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

| | |
|------------------------------------|----------------------------|
| CORRECTIVE ACTION TAKEN BY: | |
| NAME (PRINT): | <i>Thomas J. Tait</i> |
| TITLE (PRINT): | <i>Facility Manager</i> |
| SIGNATURE/DATE: | <i>[Signature] 10/6/01</i> |



DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Garrison Fort Monmouth
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO
ATTENTION OF

S: 19 October 2001

SELF-M-SO

17 September 2001

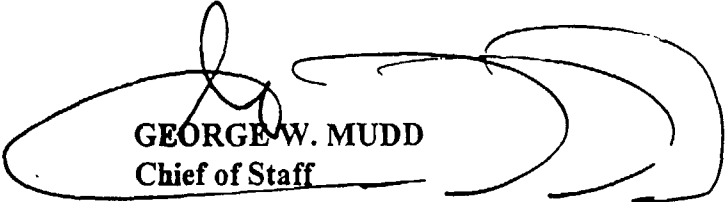
**MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for
Morale, Welfare, and Recreation**

SUBJECT: Safety Inspection

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl


GEORGE W. MUDD
Chief of Staff

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INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|--------------|---------------------------|-----------------------------|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 552 |
| OFFICE SYMBOL: | SELFM-MWR-RC | ROOM NUMBER: Billard Room | COMMUNITY CENTER |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Jul 2001 | STANDARD VIOLATED: | |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |
| Emergency light does not work when tested. | | | |
| RECOMMENDED CORRECTIVE ACTION: Call DPW work order desk #2-1122 and have bulb replaced. | | | |
| INSPECTOR'S SIGNATURE: <i>[Signature]</i> | | | DATE: <i>23 Jul 2001</i> |

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED


| | | | |
|---|--|-------------------------|--------------------|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>SERVICE ORDER WAS CALLED, 10 LIGHT BULB REPLACED WO# 41273</i> | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | <i>27 AUG 2001</i> |
| ABATEMENT PLAN SEE FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: <i>[Signature]</i> | | | |
| NAME (PRINT): | | <i>ROBERTO LARA</i> | |
| TITLE (PRINT): | | <i>FAC. TECH</i> | |
| SIGNATURE/DATE: | | <i>[Signature]</i> | |

RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

**INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION**

| | | | |
|-------------------|--------------|--------------------|------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 552 |
| OFFICE SYMBOL: | SELFM-MWR-RC | ROOM NUMBER: | COMMUNITY CENTER |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Jul 2001 | STANDARD VIOLATED: | 1910-305(g)(1) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Electrical Cord extended out of window into outlet.



Outside outlet needs to be repaired.

RECOMMENDED CORRECTIVE ACTION:

Call DPW to put in work order to have outlet repaired

| | |
|---|--------------------------|
| INSPECTOR'S SIGNATURE: <i>Mary W...</i> | DATE: <i>23-Jul-2001</i> |
|---|--------------------------|

**PART II
CORRECTIVE ACTION TAKEN OR PROPOSED**

CORRECTIVE ACTION TAKEN OR PROPOSED: ELECTRICAL CORD WAS REMOVED. 8/2/01
W/O # 0133953 WAS SUBMITTED ON 5/16/01 FOR THE OUTLET
THIS WO IS STILL WAITING FOR ANNUAL AS OF OCT 4/01
Work orders have been called in and building is used in the summer months.

| | | | |
|----------------------------|--|-------------------------|--|
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | |
|----------------------------|--|-------------------------|--|

ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

| | |
|-----------------------------|---------------------------|
| CORRECTIVE ACTION TAKEN BY: | |
| NAME (PRINT): | CHESTER CZERNOWSKI |
| TITLE (PRINT): | MATERIALS HANDLER |
| SIGNATURE/DATE: | <i>Chester Czernowski</i> |

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511

INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|-------------------|--------------|--------------------|------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 552 |
| OFFICE SYMBOL: | SELFM-MWR-RC | ROOM NUMBER: | COMMUNITY CENTER |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Jul 2001 | STANDARD VIOLATED: | 1910-305.10-2 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Electrical Box uncovered and unlabeled.



RECOMMENDED CORRECTIVE ACTION:

Call DPW to put in work order to have electrical box cover put on and box labeled.

INSPECTOR'S SIGNATURE:

DATE:

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED: ELECTRICAL BOX HAS BEEN LABELED
Box cover w/ # 0210274 PLUS TO HANDLE OTHER PANELS

WIA 4 OCT 01

ESTIMATED COMPLETION

DATE: 10/30/01

ACTUAL COMPLETION

DATE:

ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN
BY:

NAME (PRINT):

ROBERTO LANA

TITLE (PRINT):

FAC. TECH

SIGNATURE/DATE:

RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|--------------|--------------------------|------------------|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 552 |
| OFFICE SYMBOL: | SELFM-MWR-RC | ROOM NUMBER: | COMMUNITY CENTER |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Jul 2001 | STANDARD VIOLATED: | 1910-157C(4) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |
| Fire Extinguisher needs recharging. | | | |
| RECOMMENDED CORRECTIVE ACTION: Fire extinguisher should be maintained in a fully charged and operable condition. Call Fire Department Safety Officer, Tom Braumuler, ext 2-3084 | | | |
| INSPECTOR'S SIGNATURE: <i>[Signature]</i> | | DATE: <i>23 Jul 2001</i> | |

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED: *FIRE DEPT CAMP COVER AND CHARGED FIRE EXTINGUISHERS*

| | | | |
|---|--|---|--|
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: <i>July 23/01</i> | |
| ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | <i>ROBERTO LARA</i> | |
| TITLE (PRINT): | | <i>FAC. TECH.</i> | |
| SIGNATURE/DATE: | | | |

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511



DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Garrison Fort Monmouth
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO
ATTENTION OF

S: 19 October 2001

SELFM-SO

17 September 2001

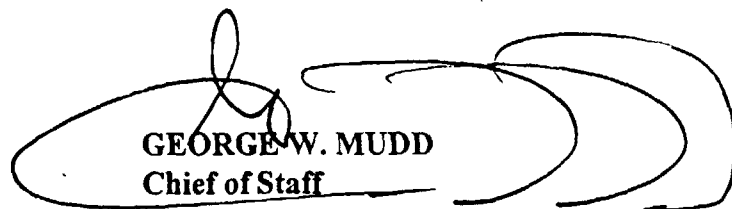
**MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for
Morale, Welfare, and Recreation**

SUBJECT: Safety Inspection

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl


GEORGE W. MUDD
Chief of Staff

SAL/CDR

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|--------------|------------------------------------|------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 801 |
| OFFICE SYMBOL: | SELFM-MWR-OR | ROOM NUMBER: Marketing Room | GEAR TO GO |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 2 Aug 2001 | STANDARD VIOLATED: | 1910.20 |
| INSPECTOR ID: | MW | RAC CODE: | 2B2 |
| Path leading to Circuit Breaker Box is blocked | | | |
| RECOMMENDED CORRECTIVE ACTION: Copying machine and boxes need to be removed in order to have direct access to the circuit breaker box in the event of an emergency. | | | |
| INSPECTOR'S SIGNATURE: <i>Mary W...</i> | | DATE: <i>2 Aug 2001</i> | |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|--------------------------------|-----------------|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>copying machine is removed from Breaker box</i> | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | <i>4 Oct 01</i> |
| ABATEMENT PLAN SET FORM 1161-2. MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN | | | |
| BY: <i>SAL Impollonia</i> | | | |
| NAME (PRINT): | | <i>Salvatore Impollonia</i> | |
| TITLE (PRINT): | | <i>Operations Team Leader</i> | |
| SIGNATURE/DATE: | | <i>[Signature] 4 Oct 01</i> | |
| RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511 | | | |

INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------|------------------------------------|---------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 801 |
| OFFICE SYMBOL: | SELFM-MWR-OR | ROOM NUMBER: Men's Bathroom | GEAR TO GO |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 2 Aug 2001 | STANDARD VIOLATED: | 1910.106(e)(9)(iii) |
| INSPECTOR ID: | MW | RAC CODE: | 2B2 |

Chemicals used by Cleaning Personnel

RECOMMENDED CORRECTIVE ACTION:

Allow cleaning personnel to store cleaning materials in proper storage area. Call TVS and let them be aware where cleaning supplies will be located

INSPECTOR'S SIGNATURE:

DATE:

*Mary W. Wolf**2 Aug 2001*

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Cleaning materials were moved and put into a proper storage area. TVS was notified ~~and~~ of location of supplies.

ESTIMATED COMPLETION

DATE: 10/5/01

ACTUAL COMPLETION

DATE: 10/5/01

ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN

BY:

NAME (PRINT):

Salvatore Impollonia

TITLE (PRINT):

Operations Team Leader

SIGNATURE/DATE:

Salvatore Impollonia

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/N20083/FAX 22511

INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|--------------|------------------------------------|-----------------------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 801 |
| OFFICE SYMBOL: | SELFM-MWR-OR | ROOM NUMBER: Men's Bathroom | GEAR TO GO |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 2 Aug 2001 | STANDARD VIOLATED: | 1910.301 |
| INSPECTOR ID: | MW | RAC CODE: | 2B2 |
| Light in bathroom needs to be replaced | | | |
| RECOMMENDED CORRECTIVE ACTION: | | | |
| Call work order desk and have them replace light bulb | | | |
| INSPECTOR'S SIGNATURE: <i>Mary W. Wolf</i> | | | DATE: <i>2 Aug 2001</i> |

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|---|--|---|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>Light has been replaced.</i> | | | |
| ESTIMATED COMPLETION DATE: <i>10/4/01</i> | | ACTUAL COMPLETION DATE: <i>10/4/01</i> | |
| ABATEMENT PLAN SEE FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | <i>Salvatore Impollonia</i> | |
| TITLE (PRINT): | | <i>Operations Team Leader</i> | |
| SIGNATURE/DATE: | | <i>[Signature] 9/1</i> | |

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511



DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Garrison Fort Monmouth
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO
ATTENTION OF

S: 19 October 2001

SELF-M-SO

17 September 2001

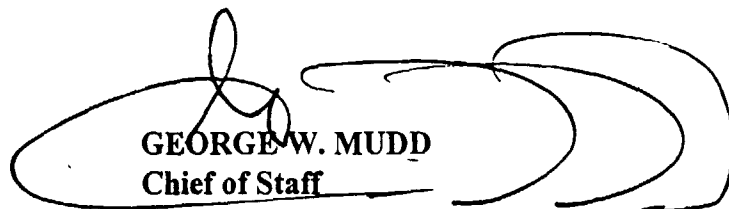
**MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for
Morale, Welfare, and Recreation**

SUBJECT: Safety Inspection

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl


GEORGE W. MUDD
Chief of Staff

SAL/MARINA

INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|--------------|----------------------------------|----------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 450 |
| OFFICE SYMBOL: | SELFM-MWR-MR | ROOM NUMBER: ISSUING ROOM | MARINA |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.211 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |
| Shedder machine missing sign | | | |
| RECOMMENDED CORRECTIVE ACTION: | | | |
| Machine needs caution sign to prevent injuries to personnel utilizing the equipment. | | | |
| INSPECTOR'S SIGNATURE: | | DATE: | |
| <i>Mary Wier</i> | | 20 Aug 2001 | |

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

SIGN PROVIDED BY SAFETY OFFICE.

SIGN INSTALLED.

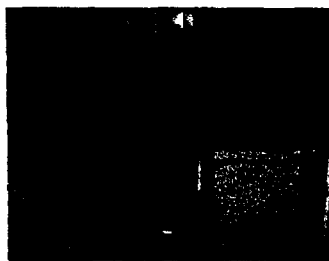
| | | | |
|---|----------|--------------------------------|----------|
| ESTIMATED COMPLETION DATE: | 4 OCT 01 | ACTUAL COMPLETION DATE: | 4 OCT 01 |
| ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | ME HOLLAND | |
| TITLE (PRINT): | | FACILITY TECH | |
| SIGNATURE/DATE: | | <i>ME Holland</i> 4 OCT 01 | |

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/N20083/FAX 22511

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|---------------------|----------------------------------|----------------|
| VIOLATION NUMBER: | 002 | BUILDING NUMBER: | 450 |
| OFFICE SYMBOL: | SELFM-MWR-MR | ROOM NUMBER: ISSUING ROOM | MARINA |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.20 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Path to Circuit Breaker is blocked



RECOMMENDED CORRECTIVE ACTION:

Direct access to circuit breaker is needed for emergency purposes. Remove debris from area.

INSPECTOR'S SIGNATURE:

Mary W. Cuff

DATE:

20 Aug 2001

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

DEBRIS REMOVED FROM AREA 20 AUG 01

ESTIMATED COMPLETION DATE:

ACTUAL COMPLETION DATE: *20 Aug 01*

ABATEMENT PLAN SEE FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN BY: *MA*

NAME (PRINT): ~~DEAN H. HARRIS~~ *MALCOLM E. HOLLAND*

TITLE (PRINT): *MARINA FACILITY TECH*

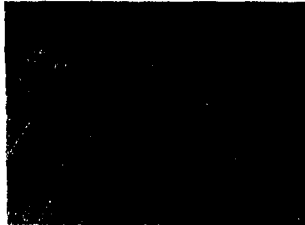
SIGNATURE/DATE: *M.E. Holland 4 Oct 01*

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511

**INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION**

| | | | |
|--------------------------|-------------|------------------------------------|---------------|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 450 |
| OFFICE SYMBOL: | SELF-MWR-MR | ROOM NUMBER: ISSUING ROOM # | MARINA |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 20 Aug 2001 | STANDARD VIOLATED: | 1910.22(a)(1) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Bumper Dock (nails protruding)



RECOMMENDED CORRECTIVE ACTION:

Nails need fasten down due to tripping hazard

INSPECTOR'S SIGNATURE:

Mary West

DATE:

20 Aug 2001

**PART II
CORRECTIVE ACTION TAKEN OR PROPOSED**

CORRECTIVE ACTION TAKEN OR PROPOSED:

RE-SET NAILS ON DOCK

ESTIMATED COMPLETION DATE:

ACTUAL COMPLETION DATE: *23 Aug 01*

ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN BY:

NAME (PRINT):

ROBERT SPECK

TITLE (PRINT):

FACILITY TECHNICIAN

SIGNATURE/DATE:

Robert Speck

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511



DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Garrison Fort Monmouth
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO
ATTENTION OF

S: 19 October 2001

SELF-M-SO

17 September 2001

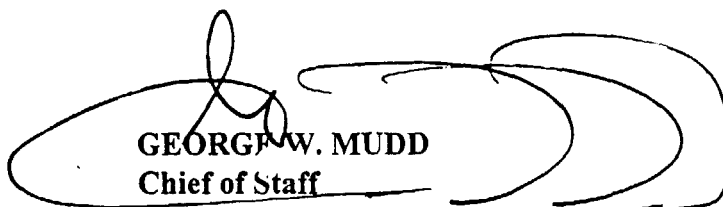
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FOR THE COMMANDER:

Encl

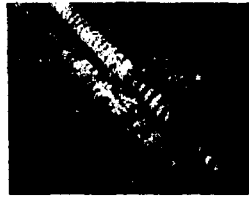

GEORGE W. MUDD
Chief of Staff

SELF-M-SO

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|-------------|---------------------------|------------------------|
| VIOLATION NUMBER: | 1 | BUILDING NUMBER: | 2568 |
| OFFICE SYMBOL: | SELF-MWR-GP | ROOM NUMBER: | Charles Wood Pool Area |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Aug 2001 | STANDARD VIOLATED: | 1910.22 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Lane Markers for pool area are breaking in pieces



RECOMMENDED CORRECTIVE ACTION:

Lane Markers are no longer used and are hanging on fence area. Breaking up in pieces can be hazardous to occupants of pool and need to be removed.

INSPECTOR'S SIGNATURE:

M. W. GP

DATE:

23 Aug 2001

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Lane Markers will be removed before the opening of the Season. FY 02

replaced

ESTIMATED COMPLETION DATE: May 02

ACTUAL COMPLETION DATE:

ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN

BY: *[Signature]*

NAME (PRINT):

Salvatore Impollonia

TITLE (PRINT):

Operation Team Leader

SIGNATURE/DATE:


[Signature] 21

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SG/A20083/FAX 22511

INSPECTION DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------|---------------------------|------------------------|
| VIOLATION NUMBER: | 3 | BUILDING NUMBER: | 2568 |
| OFFICE SYMBOL: | SELFM-MWR-GP | ROOM NUMBER: | Charles Wood Pool Area |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Aug 2001 | STANDARD VIOLATED: | 1910.22 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Playground is low in mulch



RECOMMENDED CORRECTIVE ACTION:

Mulch is needed because of injuries caused by too little.

| | |
|-------------------------------|--------------|
| INSPECTOR'S SIGNATURE: | DATE: |
|-------------------------------|--------------|

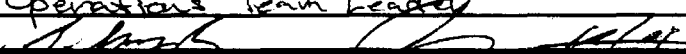
PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Mulch will be ordered and placed by April 02, when season ~~begins~~ opens

| | |
|--|--------------------------------|
| ESTIMATED COMPLETION DATE: April 02 | ACTUAL COMPLETION DATE: |
|--|--------------------------------|

ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

| | |
|------------------------------------|--|
| CORRECTIVE ACTION TAKEN BY: | |
| NAME (PRINT): | Salvatore Impollonia |
| TITLE (PRINT): | Operations Team Leader |
| SIGNATURE/DATE: |  |

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X2008/VI AX 22511

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|---------------------|---------------------------|-------------------------------|
| VIOLATION NUMBER: | 2 | BUILDING NUMBER: | 2568 |
| OFFICE SYMBOL: | SELFM-MWR-GP | ROOM NUMBER: | Charles Wood Pool Area |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Aug 2001 | STANDARD VIOLATED: | 1910.22 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |



Vacuum Poles - Cleaning Poles are lying on side of pool area.

RECOMMENDED CORRECTIVE ACTION:

These poles need to be hung up and out of area of pool occupants

INSPECTOR'S SIGNATURE:

Nancy Weiss

DATE:

23 Aug 2001

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED:

Vacuum Poles - Cleaning Poles have been moved and put into storage.

ESTIMATED COMPLETION DATE: *10/4/01*

ACTUAL COMPLETION DATE: *10/6/01*

ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN BY:

NAME (PRINT):

Salvatore Impollonia

TITLE (PRINT):

Operations Team Leader

SIGNATURE/DATE:

[Signature] 10/20/01

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|--------------|---------------------------|---|
| VIOLATION NUMBER: | 4 | BUILDING NUMBER: | 2568 |
| OFFICE SYMBOL: | SELFM-MWR-GP | ROOM NUMBER: | Charles Wood Pool Area |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Aug 2001 | STANDARD VIOLATED: | 1910.22 |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |
| <p>Women's locker room door bottom is missing rubber flap</p> | | | |
| <p>RECOMMENDED CORRECTIVE ACTION:</p> <p>When new door was put in, rubber flap is missing. A lot of toe injuries occur from this missing piece. Put rubber flap on new door.</p> | | | |
| <p>INSPECTOR'S SIGNATURE:</p> <p><i>Mary O'Keefe</i></p> | | | <p>DATE:</p> <p><i>23 Aug 2001</i></p> |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|---|--|---------------------------------------|--|
| <p>CORRECTIVE ACTION TAKEN OR PROPOSED:</p> <p>work order will be place before the opening of FY02 season, to have rubber flap replaced.</p> | | | |
| <p>ESTIMATED COMPLETION DATE: <i>May 02</i></p> | | <p>ACTUAL COMPLETION DATE:</p> | |
| <p>ABATEMENT PLAN SET FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS</p> | | | |
| <p>CORRECTIVE ACTION TAKEN BY:</p> | | | |
| <p>NAME (PRINT):</p> | | <p><i>Salvatore Impollonia</i></p> | |
| <p>TITLE (PRINT):</p> | | <p><i>Operations Team Leader</i></p> | |
| <p>SIGNATURE/DATE:</p> | | <p><i>[Signature]</i> <i>8/21</i></p> | |
| <p>RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511</p> | | | |

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|--------------|----------------------------|---|
| VIOLATION NUMBER: | 5 | BUILDING NUMBER: | 2568 |
| OFFICE SYMBOL: | SELFM-MWR-GP | ROOM NUMBER: Chlorine Room | Charles Wood Pool Area |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Aug 2001 | STANDARD VIOLATED: | 1910.151© |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |
| <p>Eye Wash Sign is missing</p> | | | |
| <p>RECOMMENDED CORRECTIVE ACTION:</p> <p>Eye wash sign is required to inform occupants of location of eye wash</p> | | | |
| <p>INSPECTOR'S SIGNATURE:</p> <p><i>Mary Wael</i></p> | | | <p>DATE:</p> <p><i>23 Aug 2001</i></p> |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|---|--|-------------------------|--|
| <p>CORRECTIVE ACTION TAKEN OR PROPOSED:</p> <p><i>Eye wash sign will be placed to inform occupants of location of eye wash, will be completed before opening Season FY02</i></p> | | | |
| ESTIMATED COMPLETION DATE: <i>May 02</i> | | ACTUAL COMPLETION DATE: | |
| <p>ABATEMENT PLAN SFL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS</p> | | | |
| <p>CORRECTIVE ACTION TAKEN BY:</p> | | | |
| <p>NAME (PRINT):</p> <p><i>Salvatore Impollonia</i></p> | | | |
| <p>TITLE (PRINT):</p> <p><i>Operations Team Leader</i></p> | | | |
| <p>SIGNATURE/DATE:</p> <p><i>[Signature]</i> <i>12/9/</i></p> | | | |
| <p>RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/ X20083/FAX 22511</p> | | | |



DEPARTMENT OF THE ARMY
Headquarters U.S. Army Garrison Fort Monmouth
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO
ATTENTION OF

S: 19 October 2001

SELMF-SO

17 September 2001

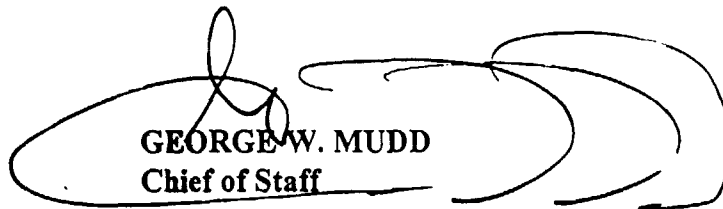
**MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for
Morale, Welfare, and Recreation**

SUBJECT: Safety Inspection

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl


GEORGE W. MUDD
Chief of Staff

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INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|--------------|---------------------------|-----------------------------|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 552 |
| OFFICE SYMBOL: | SELFM-MWR-RC | ROOM NUMBER: Billard Room | COMMUNITY CENTER |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Jul 2001 | STANDARD VIOLATED: | |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |
| Emergency light does not work when tested. | | | |
| RECOMMENDED CORRECTIVE ACTION: Call DPW work order desk #2-1122 and have bulb replaced. | | | |
| INSPECTOR'S SIGNATURE: <i>Mary W...</i> | | | DATE: <i>23 Jul 2001</i> |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|---|--|-------------------------|--------------------|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>SERVICE ORDER WAS CALLED, A LIGHT BULB REPLACED WOT # 41273</i> | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | <i>27 AUG 2001</i> |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: <i>T. V. B.</i> | | | |
| NAME (PRINT): | | <i>Roberto Lara</i> | |
| TITLE (PRINT): | | <i>FAC. TECH</i> | |
| SIGNATURE/DATE: | | <i>[Signature]</i> | |
| RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511 | | | |

INSPECTION/DEFICIENCY REPORT
PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--------------------------|--------------|---------------------------|------------------|
| VIOLATION NUMBER: | 001 | BUILDING NUMBER: | 552 |
| OFFICE SYMBOL: | SELFM-MWR-RC | ROOM NUMBER: | COMMUNITY CENTER |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Jul 2001 | STANDARD VIOLATED: | 1910-305(g)(1) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |

Electrical Cord extended out of window into outlet.



Outside outlet needs to be repaired.

RECOMMENDED CORRECTIVE ACTION:

Call DPW to put in work order to have outlet repaired

INSPECTOR'S SIGNATURE:

Mary W. W.

DATE:

23 Jul 2001

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED: ELECTRICAL CORD WAS REMOVED. 8/2/01
W/O # 0133953 WAS SUBMITTED ON 5/16/01 FOR THE OUTLET
THIS W/O IS STILL WAITING FOR ANNUAL AS OF OCT 4/01
Work orders have been called in and building is used in the summer months.

ESTIMATED COMPLETION DATE:

ACTUAL COMPLETION DATE:

ABATEMENT PLAN SELF FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS

CORRECTIVE ACTION TAKEN BY:

NAME (PRINT):

CHESTER CZERWINSKI

TITLE (PRINT):

MATERIALS HANDLER

SIGNATURE/DATE:

Ch. Czerwinski

RETURN TO GARRISON SAFETY OFFICE, SELFM-SO/X20083/FAX 22511

INSPECTION/DEFICIENCY REPORT

PART I

DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|--------------|--------------------------|------------------|
| VIOLATION NUMBER: | 003 | BUILDING NUMBER: | 552 |
| OFFICE SYMBOL: | SELFM-MWR-RC | ROOM NUMBER: | COMMUNITY CENTER |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | NA |
| INSPECTION DATE: | 23 Jul 2001 | STANDARD VIOLATED: | 1910-157C(4) |
| INSPECTOR ID: | MW/GP | RAC CODE: | 2B2 |
| Fire Extinguisher needs recharging. | | | |
| RECOMMENDED CORRECTIVE ACTION: Fire extinguisher should be maintained in a fully charged and operable condition. Call Fire Department Safety Officer, Tom Braumuler, ext 2-3084 | | | |
| INSPECTOR'S SIGNATURE: <i>[Signature]</i> | | DATE: <i>23 Jul 2001</i> | |

PART II

CORRECTIVE ACTION TAKEN OR PROPOSED

CORRECTIVE ACTION TAKEN OR PROPOSED: *FIRE DEPT CAMO COVER AND CHARGED FIRE EXTINGUISHERS*

| | | | |
|---|--|---|--|
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: <i>July 23/01</i> | |
| ABATEMENT PLAN SEE FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: | | | |
| NAME (PRINT): | | <i>ROBERTO LANA</i> | |
| TITLE (PRINT): | | <i>FAC. TECH.</i> | |
| SIGNATURE/DATE: | | | |

RETURN TO GARRISON SAFETY OFFICE, SELF-M-SO/X20083/FAX 22511



DEPARTMENT OF THE ARMY
Headquarters, U.S. Army Garrison Fort Monmouth
Fort Monmouth, New Jersey 07703 - 5101



REPLY TO
ATTENTION OF

S: 19 October 2001

SELF-M-SO

17 September 2001

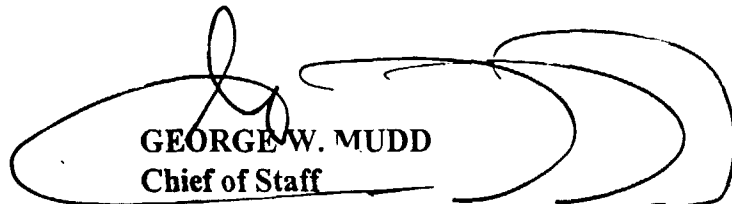
**MEMORANDUM FOR Mr. G. Perlakowski, Acting Director, Directorate for
Morale, Welfare, and Recreation**

SUBJECT: Safety Inspection

1. Reference CECOM-R 385-4, 7 Aug 88, Safety Program.
2. A safety inspection of the Directorate for Morale, Welfare, and Recreation was conducted during the month of August by Gail Paustian and Mary Ward, Safety Specialists, OSHA Management Office (OMO).
3. Enclosed are deficiencies and recommended corrective actions noted during the inspection. Deficiencies are grouped according to services and buildings for easy distribution.
4. The POC for this action is Gail Paustian or Mary Ward, X20083.

FOR THE COMMANDER:

Encl


GEORGE W. MUDD
Chief of Staff

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|--------------|--------------------|-------------------|
| VIOLATION NUMBER: | 01 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BC | ROOM NUMBER: | Mechanics room |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 07/24/01 | STANDARD VIOLATED: | 1910.1200 |
| INSPECTOR ID: | GAP/MW | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Plastic bottles holding liquids are not adequately labeled i.e. water bottle with oil in it, detergent etc. | | | |
| RECOMMENDED CORRECTIVE ACTION: All bottles must be properly labeled and material identified. | | | |
| INSPECTOR'S SIGNATURE: GAIL A. PAUSTIAN/Mary Ward <i>Gail Paustian</i> | | | DATE 26 July 2001 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|---|--|--|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>ALL BOTTLES ARE Labeled.</i> | | | |
| ESTIMATED COMPLETION DATE: <i>SAME DAY</i> | | ACTUAL COMPLETION DATE: <i>26 July 01</i> | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: <i>MARK CLAYTON</i> | | | |
| NAME (PRINT): | | <i>Salvatore Impollonia</i> | |
| TITLE (PRINT): | | <i>Operations Team Leader</i> | |
| SIGNATURE/DATE: | | <i>[Signature]</i> <i>404501</i> | |
| RETURN TO OSHA MANAGEMENT OFFICE, SEL: M-SO/X20083/FAX 22511 | | | |

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|--------------|--------------------|-------------------|
| VIOLATION NUMBER: | 02 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BC | ROOM NUMBER: | Mechanics room |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 07/24/01 | STANDARD VIOLATED: | 1910.1200 |
| INSPECTOR ID: | GAP/MW | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Identification of circuits in large circuit breaker panel are written on the metal box. | | | |
| RECOMMENDED CORRECTIVE ACTION: Recommend a directory identifying each of the circuits be made and secured to the inside cover of the panel box. | | | |
| INSPECTOR'S SIGNATURE: GAIL A. PAUSTIAN/Mary Ward <i>Gail Paustian</i> | | | DATE 26 July 2001 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|---|--|-------------------------------------|-----------------|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>BREAKER PANEL HAS BEEN MARKED</i> | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | <i>4 OCT 01</i> |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: <i>MARK CLAYTON</i> | | | |
| NAME (PRINT): | | <i>Salvatore Impollonia</i> | |
| TITLE (PRINT): | | <i>Operations Team Leader</i> | |
| SIGNATURE/DATE: | | <i>Mark Clayton</i> <i>4 OCT 01</i> | |

RETURN TO OSHA MANAGEMENT OFFICE, SELFV-SO/X20083/FAX 22511

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|--------------|--------------------|-------------------|
| VIOLATION NUMBER: | 03 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BC | ROOM NUMBER: | Mechanics room |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 07/24/01 | STANDARD VIOLATED: | 1910.178 |
| INSPECTOR ID: | GAP/MW | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Old rental shoes located in boxes stored next to the exit door are leaning and look like they may topple over. | | | |
| RECOMMENDED CORRECTIVE ACTION: Restack boxes so they are secure and will not topple over. | | | |
| INSPECTOR'S SIGNATURE: GAIL A. PAUSTIAN/Mary Ward <i>Gail Paustian</i> | | | DATE 26 July 2001 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|-------------------------------|----------------|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>Old shoes have been turned in.</i> | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | <i>4025 01</i> |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: <i>MARK CLAYTON</i> | | | |
| NAME (PRINT): | | <i>Salvatore Impalloni</i> | |
| TITLE (PRINT): | | <i>Operations Team Leader</i> | |
| SIGNATURE/DATE: | | <i>[Signature]</i> <i>01</i> | |
| RETURN TO OSHA MANAGEMENT OFFICE, SELF-M-SO/X20083/FAX 22511 | | | |

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|---|--------------|--------------------|-------------------|
| VIOLATION NUMBER: | 04 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BC | ROOM NUMBER: | Pin Setting Area |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 07/24/01 | STANDARD VIOLATED: | NFPA 101 |
| INSPECTOR ID: | GAP/MW | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Exit sign needed for north side exit door. | | | |
| RECOMMENDED CORRECTIVE ACTION: Per Fire Inspector Tom Braumuller, paper exit signs are no longer used. A service order must be submitted to have an illuminated exit sign, ac powered installed. | | | |
| INSPECTOR'S SIGNATURE: GAIL A. PAUSTIAN/Mary Ward <i>Gail Paustian</i> | | | DATE 26 July 2001 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|-------------------------------|--|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>Exit sign has been been A WORK ORDER IN # 02-102-81</i> | | | |
| ESTIMATED COMPLETION DATE: <i>15 Oct</i> | | ACTUAL COMPLETION DATE: | |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: <i>TVS</i> | | | |
| NAME (PRINT): | | <i>Salvatore Impadonia</i> | |
| TITLE (PRINT): | | <i>Operations Team Leader</i> | |
| SIGNATURE/DATE: | | <i>[Signature] 8/1</i> | |
| RETURN TO OSHA MANAGEMENT OFFICE, SELF-M-SO/X20083/FAX 22511 | | | |

PART I
DESCRIPTION OF DEFICIENCIES AND RECOMMENDED CORRECTIVE ACTION

| | | | |
|--|--------------|--------------------|-------------------|
| VIOLATION NUMBER: | 05 | BUILDING NUMBER: | 689 |
| OFFICE SYMBOL: | SELFM-MWR-BC | ROOM NUMBER: | Pin setting area |
| INSPECTION TYPE: | ANNUAL | TYPE OF VIOLATION: | |
| INSPECTION DATE: | 07/24/01 | STANDARD VIOLATED: | 1910.308 (b) (3) |
| INSPECTOR ID: | GAP/MW | RAC CODE: | 2B2 |
| DESCRIPTION OF DEFICIENCIES: Emergency light over double exit door (south side) is not working when tested. | | | |
| RECOMMENDED CORRECTIVE ACTION: Submit a service order to have light repaired. | | | |
| INSPECTOR'S SIGNATURE: GAIL A. PAUSTIAN/Mary Ward <i>Gail Paustian</i> | | | DATE 26 July 2001 |

PART II
CORRECTIVE ACTION TAKEN OR PROPOSED

| | | | |
|--|--|-------------------------------|-------------------|
| CORRECTIVE ACTION TAKEN OR PROPOSED: <i>is working and tested</i> | | | |
| ESTIMATED COMPLETION DATE: | | ACTUAL COMPLETION DATE: | <i>28 July 01</i> |
| ABATEMENT PLAN SEL FORM 1161-2, MUST BE INCLUDED WITH RESPONSE FOR EACH DEFICIENCY WHICH CANNOT BE CORRECTED IN 30 DAYS | | | |
| CORRECTIVE ACTION TAKEN BY: <i>TVS</i> | | | |
| NAME (PRINT): | | <i>Salvatore Impollonia</i> | |
| TITLE (PRINT): | | <i>Operations Team Leader</i> | |
| SIGNATURE/DATE: | | <i>[Signature]</i> | |
| RETURN TO OSHA MANAGEMENT OFFICE, SELF-MSC/X20053/FAX 22511 | | | |